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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional)		
		DI DESCRIPTION		
		PHDE030119	908	
	Lister Assistant of			
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"Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-	Application Number 10/552,646		Filed	
1450° [37 CFR 1.8(a)] June 17 2009	10/552,646		07/18/2006	
Dition 1 H.	FOR METHOD AND UNIT FOR THE RELIABLE ALLOCATION OF NETWORK ELEMENTS			
Signature / / / / / / / / / / / / / / / / / / /	Art Unit Examiner		Examiner	
Typed or printed Patricia A. Heim	2617		I. CHAKOUR	
name				
Applicant hereby appeals to the Board of Patent Appeals and Interference	s from the last	decision of the exa	aminer.	
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ne fee for this Notice of Appeal is (37 CFR 41.20(b)(1))			\$ <u>540.00</u>	
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:				
				A check in the amount of the fee is enclosed.
Payment by credit card. Form PTO-2038 is attached.				
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The Director has already been authorized to charge fees in this application to a Deposit Account.				
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The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 14-1270 .				
A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.				
A petition for an extension of time and 37 of N. 1. 10(a) (1. 10/15/22) is discovered.				
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m trie andioant/mentor				
applicant/inventor.		nseur	Signature	
assignee of record of the entire interest.	Thon	oos M. Lundin	Olginature	
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	Thomas M. Lundin Typed or printed name			
	yped of printed name			
attorney or agent of record. 48,979	440-4	483-4281		
Registration number 40,979			Telephone number	
attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34.				
Toponaco I and a series of the			Date	
NOTE: Signatures of all the inventors or assignees of record of the entire	interest or the	ir renresentative/s) are required	
Submit multiple forms if more than one signature is required, see below*.		ii representative(s	, are required.	
Total of forms are submitted				

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